

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                     | 10792237  |          |        |                      |
|--|---|----------|--------|----------------------|
| <b>Filing Date:</b>                            | 03-Mar-2004   |          |        |                      |
| <b>Title of Invention:</b>                     | CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>    | Manabu Fujita                                       |          |        |                      |
| <b>Filer:</b>                                  | Thomas Spinelli/Eileen Herring                      |          |        |                      |
| <b>Attorney Docket Number:</b>                 | 17517   |          |        |                      |
| Filed as Large Entity                          |   |          |        |                      |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |   |          |        |                      |
| Description                                    | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                           |   |          |        |                      |
| <b>Pages:</b>                                  |   |          |        |                      |
| <b>Claims:</b>                                 |   |          |        |                      |
| Claims in excess of 20                         | 1202  | 1        | 52     | 52                   |
| Independent claims in excess of 3              | 1201  | 3        | 220    | 660                  |
| <b>Miscellaneous-Filing:</b>                   |   |          |        |                      |
| <b>Petition:</b>                               |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>        |   |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>       |   |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Extension-of-Time:</b>         |          |          |        |                      |
| Extension - 1 month with \$0 paid | 1251     | 1        | 130    | 130                  |
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>1652</b>          |